

State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES PO BOX 360 TRENTON, N.J. 08625-0360

ION S. CORZINE Governor

www.nj.gov/health

FRED M. JACOBS, M.D., J.D. Commissioner

ADVISORY

To:

All Aeromedical Programs

From: Karen Halupke, R.N., M.Ed.

Director

Date: August 15, 2006

Re:

AtlantiCare Regional Medical Center Helipad

The Office of Emergency Medical Services (OEMS) has received inquiries concerning the current conditions of the helipad at AtlantiCare Regional Medical Center-City Campus (ARMC) with the on-going construction of a new facility. Our office has completed an assessment of the situation and would like to advise you of the alternative arrangements that have been made by ARMC.

On Tuesday, August 8, 2006, Chuck McSweeney and Jim Baca from my office coordinated a meeting with the Department of Transportation, Division of Aeronautics at the ARMC to review the current conditions at the helipad. Based on the Department of Transportation review on August 8, 2006, the helipad at ARMC meets the licensing requirements and still remains in-service for aeromedical programs to utilize the helipad.

Construction on the new facility is expected to last for the next 12 months and reduces the previously approved two flight paths to one. The only approach to the ARMC helipad is from the northeast at this time. Its expected when the front section of the new facility is erected it will be higher than the current steel structure in place today. This will eliminate the northwest approach, leaving the northeast approach as the sole course onto the helipad.

Based on this situation, if a pilot intending to land at ARMC's helipad assesses the conditions and determines them unfavorable, they may request landing privileges at the Gardner's Basin via Medical Command for ARMC or AtlantiCare MedCom at 609-407-6377. ARMC will make immediate telephone notification to the USCG of the intended landing and confirm the helipad's availability and send a basic life support

ambulance to transport the medical crew to ARMC. Please be mindful this is the USCG facility known as Gardner's Basin, not the Coast Guard Station in Pomona at the Atlantic City International Airport.

It is suggested that aeromedical agencies assess their destination facility by determining the flying time between Cooper Medical Center and ARMC. If Cooper Medical Center has less than a ten minute time difference utilizing the alternative helipad for ARMC, the patient should be taken to Cooper Medical Center. If the flight time to Cooper Medical Center is greater than a ten minute time difference to the ARMC alternative helipad, the patient should go to ARMC. If the patient requests ARMC, the patient should be taken to ARMC.

As a safety feature for pilots, ARMC has installed a Digi weather system which can be accessed by radio on frequency 122.7000 or by phone at 609-344-0587. The Digi Weather system is on top of ARMC and provides the current weather conditions at the facility. Questions regarding the ARMC helipad may be directed to the administrative offices of ARMC at 609-441-8020.

Photos of the construction will be placed on our website along with the attachments to this advisory. They may be accessed at www.state.nj.us/health/ems. If you have any questions or concerns, please contact Jim Baca or Chuck McSweeney at 609-633-7777.

Attachments:

ARMC Agreement Letter to Use USCG Helipad Heliport Systems Letter dated November 25, 2005 Heliport Facility Operations Manual for ARMC dated March 15, 2006 Photographs of current construction

c. David Gruber, Senior Assistant Commissioner
Health Infrastructure Preparedness and Emergency Response
Joseph Tricarico, Jr., Assistant Commissioner
Health Preparedness Infrastructure Bureau
Chuck McSweeney, OEMS
Jim Baca, OEMS
Lt. McKevitt, NJSP Aviation
SFC Kennedy, NJSP Aviation
Gregory McDonough, NJDOT
Margaret Belfield, ARMC
Larry Sweeney, ARMC
Dr. Thomas Brabson, ARMC
Marc Ralston, ARMC EMS



August 8, 2006

Mr. Chuck McSweeney, MPS, NR/CCEMT-P Coordinator, Licensing/Enforcement Emergency Medical Services New Jersey Department of Health and Senior Services P.O. Box 360 Trenton, NJ 08625-0360

Dear Mr. McSweeney:

The United States Coast Guard Station, Atlantic City, New Jersey (USCGAC) has been designated as the back up helicopter landing pad for AtlantiCare Regional Medical Center (ARMC), Atlantic City, New Jersey. (Please note this is the USCGAC, a k a "Gardners Basin," not the Coast Guard Station in Pomona at the Atlantic City International Airport.)

Based on this designation, if a pilot intending to land at ARMC's helipad, assesses the conditions and determines them unfavorable, they may request landing privileges at the USCGAC via Medical Command for ARMC. ARMC shall make immediate telephonic notification to the USCGAC OD of the intended landing and confirm the helipad's availability.

Please note ARMC City Campus has installed a Digiwx system above the helipad that can be accessed by radio on frequency 122.7000 or by phone at 609-344-0587.

ARMC is confident the designation as described herein will address the issues raised regarding patient and flight crew safety.

Should you have any questions, please do not hesitate to contact me at 609-441-8020.

Thank you.

Sincerely,

Margaret A. Belfield Administrator

MAB:ail



April 6, 2006

CWO Sean McGarigal, USCG Commanding Officer, USCG Station Atlantic City US Coast Guard Station Atlantic City Atlantic City, NJ 08401-1986

Dear Mr. McGarigal,

This letter, when countersigned by you, will constitute an agreement between AtlantiCare Regional Medical Center ("ARMC") and the U.S. Coast Guard Station-Atlantic City ("USCGAC") for use of the USCGAC's helipad on an as needed and as requested basis for patient transports via Medical Evacuation Helicopters.

- 1. ARMC may direct helicopter air traffic to land at USCGAC for patient transport and/or harvesting/delivery of organs for transport on an as needed and as requested basis when ARMC's helipad is unavailable or conditions are not optimal for its use. The USCGAC helipad shall not be used for crew transfer. Aircraft shall not be ordered to depart the helipad if, in the pilot's opinion, weather conditions are not safe for departure or the condition of the aircraft has changed. The aircraft shall depart as soon as the weather is favorable, the mission is complete and the aircraft is safe for flight.
- 2. The term of this Agreement shall remain in effect unless terminated by either party upon thirty (30) days prior written notice.
- 3. ARMC shall notify USCGAC as soon as it is aware that the ARMC helipad will be unavailable due to unfavorable conditions for helicopter landing at ARMC or otherwise so that the USCGAC is aware of the possible need for its helipad. ARMC shall make this notification telephonically to USCGAC Officer of the Day ("OD") at 609-677-2222. ARMC shall also notify the OD telephonically when favorable conditions return to the ARMC helipad.
- 4. ARMC shall notify the USCGAC OD telephonically as soon as a helicopter is known to be inbound for landing at USCGAC.
- 5. ARMC or its designees shall transport its patients to/from the USCGAC helipad. The USCGAC shall permit ARMC and/or emergency transport access to the helipad. The USCGAC shall ensure ground transportation proximity to the aircraft to facilitate transfer of the patient between the aircraft and vehicle.

- 6. The USCGAC acknowledges that the aircraft may shut down to complete the patient transfer or the pilot may complete a "Hot Load" (patient transfer with rotors engaged). ARMC shall ensure all personnel engaged in the patient transfer have appropriate Personal Protective Equipment.
- 7. The USCGAC shall telephonically contact ARMC's Medical Command at 609-407-6376 whenever the USCGAC helipad is unavailable for any reason including weather, repair or other use. Another phone call shall be made when the pad becomes available.
- 8. If a pilot, intending to land at ARMC's helipad, assesses the conditions and determines them unfavorable, they may request landing privileges at the USCGAC via Medical Command for ARMC. ARMC shall make immediate telephonic notification to the USCGAC OD of the intended landing and confirm the helipad's availability.
- 9. ARMC is aware that the USCGAC helipad is unlighted and that that approaches to a landing from the south are prohibited for safety purposes and has or will notify all agencies which might need to use the USCGAC helipad of these conditions.
- 10. Aircraft are prohibited from landing or departing at the USCGAC helipad if weather conditions are less then 1000 foot ceilings and visibility less then 3 statue miles. Pilots landing at the USCGAC should be aware it is in close proximity to the ocean and frequently affected by low ceilings and visibilities when air temperatures and dew points are within one degree.

Communications:

1. Telephone numbers supporting this agreement

a.	Mr. Larry Sweeney	609-441-3931	
Ъ.	CWO Sean McGarigal	609-344-6595	002 1=
c.	OD, Sta. Atlantic City	609-677-2222	
đ.	MedComm:	609-407-6376	

2. Radio Frequencies supporting this agreement

a. Aviation Band, Common: 123.45

USCG Sta. Atlantic City "Station Atlantic City"

Aircraft "University Medevac" "South Star" etc.

If the foregoing meets with your approval, please sign a copy of this Memorandum of Understanding where indicated and return it to me. On behalf of ARMC and the patients we serve, thank you for your kind assistance.

Very truly yours,

Margaret Belfield

Administrator - Atlantic City Campus

Agreed to and Accepted by:

US Coast Guard Station Atlantic City

Date: 6 APR 2006

CWO Sean McGarigat, USO



55 Madison Ave., Suite 150 Morristown, NJ 07960-6012

Copy:

Tel 1-973-540-0011 x102 Fax 1-973-540-0131 Email BD@heliport.com Web www.heliport.com

Vince Girondi, Architect

Granary Associates

23 November 2005

Robert Draper NJ DOT Division of Aeronautics 1035 Parkway Avenue Trenton, NJ 08618

Dear Bob:

Following up our telephone conversation last week concerning alteration of Atlantic City Medical Center's existing rooftop helistop, I am attaching:

Form DA-3 Copy of FAA Notice of Landing Area Proposal FAA Letter of No Objection Scaled General Arrangement Drawing G-1 dated 5 Aug 2005

The reason for the alteration is the medical center is constructing a new high-rise building immediately northwest of the existing heliport.

The heliport presently accommodates the Sikorsky UH-60 Blackhawk and has two flight paths, one to the northwest and one to the northeast. The new building will eliminate the northwest flight path. The northeast flight path can remain, but the northwest 2:1 transition slope will be penetrated by the new building, but the building will be marked with red obstruction lights as permitted in the FAA Advisory Circular, AC 150/5390-2B.

To ensure the FAA mandated Safety Area is not encroached on by the new building, your inspector suggested several months ago the elevator vestibule be removed and the TLOF enlarged so the helicopter can land closer to the main hospital building and farther from the new building so the new Safety Area fits between the two buildings. Please see our attached General Arrangement, G-1, drawing dated 6 Aug 2005. Essentially the center of the new TLOF will be moved 19' closer to the main hospital building after the elevator vestibule is removed. The new helistop will accommodate all helicopters up to and including, the Sikorsky S-76, operated by SouthStar and Hahnemann University Medevac in Philadelphia.

Robert Drapala from FAA Philadelphia FSDO inspected the facility on the same day your inspector was present. Both people stated as long as it meets FAA standards, there was no objection on their part. Attached is FAA Letter of No Objection dated October 3, 2005. While the letter does have conditions, the conditions refer mostly to 1) a crane which will be used to erect the new building; as you know there are tried and true procedures to ensure the crane is not an obstruction during an actual landing or takeoff, and 2) the usual conditions such as lighted wind indicator, beacon, and fire protection. This facility already has all these items which will remain.

The new design meets all FAA standards except possibly for a small portion of Paragraph 404a, Number of Approach/Departure Paths which states:

"Approach/departure paths should be such that downwind operations are avoided and crosswind operations are kept to a minimum. To accomplish this, a heliport should have more than one approach/departure path. The preferred flight approach departure path should, to the extent feasible, be aligned with the predominate wind. Other approach/departure paths should be based on the assessment of the prevailing winds or when this information is not available the separation between such flight paths and the preferred flight path should be at least 135 degrees.

Hospital facilities may have only one single approach/departure path although a second flight path provides additional safety margin and operational flexibility."

The one single approach/departure path to the northeast will not permit every single landing and takeoff to be conducted into the wind, the ideal flight condition. Some flight operations may occur crosswind, but FAA permits that if "kept to a minimum". Therefore it is our recommendation that a NOTAM (Notice to Airmen) be issued that states 1) no flights occur downwind and 2) flights that occur crosswind are kept to a minimum and only when crosswinds are light.

Alternative sites investigated were:

- 1) a valet parking lot one block northeast of the hospital having only one flight path again to the northeast, exactly like the one on the roof and which the local fire marshal, Wally Shields, said he would have to bring his fire engines to the street every time a helicopter lands. Also this parking lot is not owned by the hospital and there is no guarantee the hospital can obtain permission to use it.
- A large open field four blocks north of the hospital is an excellent site in terms of aeronautics as it has two very good flight paths. Unfortunately, it requires an ambulance ride for patients which is not considered good medical practice and it is owned by 12 different organizations. There is almost no possibility that the hospital can obtain permission from 12 different organizations to use it for two years until the new heliport is built atop the new building.

This redesigned heliport will have one flight path, and it meetsFAA standards. In my opinion it is better than landing in a valet parking lot having only one flight path too, the only possible nearby alternative. Never landing at all compromises the lives of patients that need to be brought to this hospital.

Very truly yours,

William E. Davis Heliport Consultant 03/16/2006 13:14 9735400131 HELIPORT SYSTEMS PAGE 02/12

HELIPORT

FACILITY OPERATIONS MANUAL

for

AtlantiCare Regional Medical Center Atlantic City Campus

> 1925 Pacific Avenue Atlantic City, NJ 08401

> > 15 March 2006

PREPARED BY: Heliport Systems Inc., Morristown, NJ 800-540-0011 M3/16/2006 13:14 3/30400131 - MELIFURI DIDILUN

OWNERSHIP, CLASSIFICATION, and DATA

OWNERSHIP:

AtlantiCare Regional Medical Center Atlantic City Campus

1925 Pacific Avenue Atlantic City, NJ 08401 Heliport Mgr: Margaret Belfield

Office Tel 609-345-4000 or 609-441-3931

Office Fax 609-441-8125

CLASSIFICATION:

Federal Aviation Administration

Helistop: An identifiab

An identifiable area on land, water, or structure, including any building or facilities

thereon, used or intended to be used for the landing and takeoff of helicopters. A minimal form of heliport where helicopters are not based, maintained, or fueled.

Hospital Use: For use by Emergency Medical Use helicopters only. Prior Permission Required.

Day & Night VFR:

Visual Flight Rules (weather must meet helicopter VFR minimums)

Rooftop:

Located on the roof of the hospital.

State of NJ Division of Aeronautics

Heliport A dedicated area of defined dimensions, either at ground level or elevated on a structure

designated for the landing or take off of helicopters and used solely for that purpose.

Restricted Use: Not open to general public use and shall not be utilized, advertised, or represented as

such. Shall be open for Emergency Medical Srvice flights.

License Number:

H-272

HELISTOP DATA:

Hours of Operation: 24 x 7 EMS Flights only.

Location:

39 deg 21' 31" N / 74 deg 26' 04" W Elev. 82' AMSL.

Prevailing Winds:

South and SouthWest

Flight Paths:

1 Approved Flight Path Only. Ingress: Southeast. Egress: Northwest. Caution: Heliport is between two higher buildings, one immediately north and one immediately south of landing pad. Possible wind turbulence due to higher buildings. In addition to a lighted windcone, this facility is equipped with an AWOS (Automated Weather Observation System) that broadcasts wind speed and wind direction on VHF Radio

Frequency: ______.

Helideck Size:

44' x 51' for all helicopters with gross weights up to 12,000 lbs., max main rotor 44'

diameter, max overall length 53'

Largest helicopters for which this helistop is designed: Sikorsky S-76

Lighting:

1 - Lighted Windcone south side of helistop on roof of elevator penthouse

8 - Yellow Perimeter Lights around edge of helideck

4 - Flood Lights

83/10/7000 13:14 **ライマのみののエラエ**

HELISTOP INFORMATION AND PROCEDURES AtlantiCare Regional Medical Center - Atlantic City Campus

1925 Pacific Avenue, Atlantic City, NJ 08401 Fax 609-441-8125 Tel 609-345-4000 or 609-441-3931

INFO	<u>RMATIO</u>	N:

1. Use:

Hospital EMS flights only; Prior Permission Required.

Day & Night VFR. Hours of Operation: 24 x 7.

2. Location:

Latitude 39° 21" 31" Longitude 74° 26' 04" Heliport Elevation: 82' AMSL

Lower roof of hospital between two higher buildings.

3. Size:

51' x 41' Rooftop Helideck for all helicopters up to 12,000 MGW

4. Markings:

Gray background with white borderline; large white hospital cross with red H in center;

Black 12 and 44 in corner representing 12,000 lbs and 44' rotor dia. Helicopters;

Helideck perimeter marked at night with 8 yellow Perimeter Lights

Lighted orange windcone south side of heliport.

5. Flight Paths:

1 Approved Flight Path only. Ingress: Southeast. Egress: Northwest. Heliport is between two higher buildings, one immediately north and one immediately south. Possible wind turbulence. In addition to lighted windcone, there is an AWOS (Automated Weather Observation System) that broadcasts wind direction and speed on VHF Frequency _

A new high-rise building is being constructed located on the north side of the helistop. A crane may be operating - but procedures are in place to park the crane boom and jib away from the heliport prior to a landings and takeoffs provided that pilots notify the hospital prior to each landing and takeoff. Measures will be taken by the contractor to reduce the possibility of building materials and other objects from being blown by rotor downwash.

PROCEDURES:

Pilots must be familiar with this document prior to operating to/from this helistop. 1.

- Pilots are expected to adhere to FAA & State approved flight path, regulations and noise abatement 2. procedures to the extent they do not compromise safe operation of the aircraft.
- Operations with any helicopter having a MGTOW greater than 12,000 lbs is not permitted. 3.
- Pilots will ensure that Owner is notified prior to each intended landing at this helistop. 4.
- Owner will fax or email this Page and Map to each air ambulance service/organization intending 5. to use this helistop and receive a written acknowledgement from an authorized representative prior to any flight to this helistop.
- Owner will maintain the heliport in a hazard-free condition: 6.
 - a. Flight paths are not obstructed by:
 - 1) overgrown trees; new poles, wires, structures
 - 2) any equipment left on helideck; any objects which can be blown by rotor downwash
 - b. Snow is removed to a height of 1/2" or less
 - c. Lighted Windcone, Yellow Perimeter Lights, red lights are lighted at night 10 mins prior to a landing.
- Owner will: 7.
 - a. prior to ETA and ETD check heliport for safe/hazard-free condition: no loose objects or equipment on the heliport and around the heliport.
 - b. keep unauthorized people from entering the helistop area during landings/takeoffs.
 - c, instruct hospital medical team:
 - remove hats, scarves, other loose clothing; secure loose objects; no smoking.
 - do not approach helicopter until signaled by a member of the flight crew
 - keep heads low, approach helicopter from sides or front not from rear
 - keep away from tail rotor; flight crew will open and close helicopter doors

Fax this page back to AtlantiCare Regional Medical Center 609-441-8125 before initiating first flight: I acknowledge this document and will ensure that each pilot is familiar with its content prior to any flight.

Signature:		Air Ambulance Service/Organization
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